

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

RECEIVED  
CITY OF SAN ANTONIO  
FORM COR-C/OH

2003 JAN 21 PM 12:03

See backside for instructions

<b>1</b> ACCOUNT # _____	<b>2</b> Total pages filed: <u>5</u>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME TITLE: <u>Councilman</u> FIRST: <u>Enrique</u> MI: <u>M</u> NICKNAME: _____ LAST: <u>Barrera</u> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received: _____ Date Hand-delivered or Date Postmarked: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td>Legal</td> <td>Totals</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount	Legal	Totals	Date Processed		Date Imaged	
Receipt #	Amount								
Legal	Totals								
Date Processed									
Date Imaged									
<b>4</b> ORIGINAL REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report									
<b>5</b> ORIGINAL PERIOD COVERED Month Day Year      Month Day Year <u>07/01/02</u> THROUGH <u>12/31/02</u>									
<b>6</b> EXPLANATION OF CORRECTION <u>omitted in kind donation</u>									

**7 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

[Signature]  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Enrique M. Barrera this the 17th day of January, 2003.

to certify which, witness my hand and seal of office.

[Signature]  
 Signature of officer administering oath

Julia Davis Ellison  
 Printed name of officer administering oath

Senior Executive Secretary  
 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**



RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

2003 JAN 21 PM 12:03

## CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

A filer who submits a corrected report after the filing deadline for the report is subject to a late fine if there was a material error in the original report. Nonetheless, the Ethics Commission will not impose a late fine on a filer who submits a corrected report (other than one correcting a report due 8 days before an election) if the filer completes this form and signs the "good-faith" affidavit.

### ***CORRECTED REPORT DOES NOT EXCUSE A FINE FOR A LATE "8-DAY" REPORT.***

*Completing this form does not allow you to avoid a late fine in connection with a report due 8 days before an election. The fine for a late "8-day" report is \$100 for each day the report is late (up to a maximum \$10,000 fine). The Ethics Commission must consider each request for a waiver of a fine for a late "8-day" report individually.*

### **INSTRUCTIONS FOR COMPLETING THIS FORM**

*The following numbers correspond to the numbered boxes on the other side.*

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any pages of the campaign finance report form that have changed and clearly indicate what information has changed. Explain why there was an error on the original report. (Use additional pages if you need more space.)
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH

COVER SHEET PG 1

2003 JAN 21 PM 12:03

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: <b>5</b>	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Councilman Enrique M NICKNAME LAST SUFFIX Barrera			OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address <input type="checkbox"/> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 761555 San Antonio, TX 78245				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. Leticia NICKNAME LAST SUFFIX Barrera				
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista San Antonio, TX 78237				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 432-2431				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07 / 01 / 02    12 / 31 / 02				
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 05 / 03 / 03				
11 OFFICE	OFFICE HELD (if any) City Council District 6		12 OFFICE SOUGHT (if known) City Council District 6		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
<input type="checkbox"/> additional pages					

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

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CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH

COVER SHEET PG 2

2003 JAN 21 PM 12:03

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

## COMMITTEE TYPE

☐

GENERAL

☐

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

500

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

0

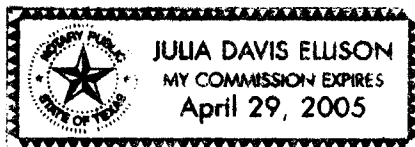
OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0

## 19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ENRIQUE M. BARRERA, this the 17<sup>th</sup> day  
of January, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

JULIA DAVIS ELLISON  
Printed name of officer administering oath

Senior Executive Secretary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, &amp; SPAC-SS)

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CITY OF SAN ANTONIO  
CITY CLERK  
2003 JAN 21 PM 12:03

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: /	
2 FILER NAME Enrique M. Barrera Campaign		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RCC Koozie	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable) mug + thermos gift sets (25)
6 Contributor address; City; State; Zip Code Castroville Rd San Antonio TX 78237			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000000	2 Total pages this report:  1/17
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Enrique		<b>OFFICE USE ONLY</b>  Date Received 2003 JAN 17 4:10:00 RECEIVED CITY OF SAN ANTONIO CITY CLERK Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Barrera		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 761555  San Antonio TX 78245		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. Leticia		
	NICKNAME LAST SUFFIX Barrera		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista  San Antonio TX 78237		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 210 ) 432-2431		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/01/0002    12/31/0002		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 05/03/0002		
11 OFFICE	OFFICE HELD (if any) Other -- City Council District 6    6		12 OFFICE SOUGHT (if known) Other -- City Council District 6    6
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 13790.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 60.00

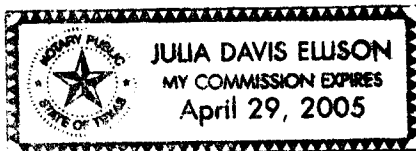
4. TOTAL POLITICAL EXPENDITURES

\$ 8615.70

OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*ay*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ENRIQUE M. BARRERA, this the 15<sup>th</sup> day of January, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/17	
2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/17/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David Carter	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 708 El Prado Drive West San Antonio TX 78212		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Charlie Gonzalez Congressional Campaign	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 12612 San Antonio TX 78212		
Principal occupation (Optional)		Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Alfonso and Mary Alice Chiscano	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 15243 Pebble Cove San Antonio TX 78232		
Principal occupation (Optional)		Employer (Optional)	
Date 10/03/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Consulting Engineers Council of Texas	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1001 Congress Avenue, Suite 200 Austin TX 78701		
Principal occupation (Optional)		Employer (Optional)	
Date 10/04/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Jesse Covarrubias	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 204 Shalimar San Antonio TX 78213		
Principal occupation (Optional)		Employer (Optional)	

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2003 JAN 17 A 10:00



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/17	
2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 07/17/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Brad and Lauren Davis	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11434 Whisper Dawn San Antonio TX 78230			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/08/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Brad and Lauren Davis	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11434 Whisper Dawn San Antonio TX 78230			
Principal occupation (Optional)		Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Lloyd Denton Jr.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7979 Broadway, Suite 101 San Antonio TX 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 10/08/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Don and Susan Durden	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 411 FM 473 Comfort TX 78013			
Principal occupation (Optional)		Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Earl & Brown PC	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 Soledad, Suite 1111 San Antonio TX 78205			
Principal occupation (Optional)		Employer (Optional)	

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2003 JAN 17 A 10:00

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages this report: 6/17	
<b>2</b> FILER NAME Mr. Enrique Barrera		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date  07/17/0002	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ella S.A. Contracting LP  ..... <b>6</b> Contributor address; City; State; Zip Code 10779 Shaenfield Road  San Antonio TX 78254	<b>7</b> Amount of contribution (\$)  250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date  07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GSABA-SABPAC  ..... Contributor address; City; State; Zip Code 8925 IH-10 West  San Antonio TX 78230	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gordon Hartman  ..... Contributor address; City; State; Zip Code 8100 Braodway,Suite 200  San Antonio TX 78209	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John and Cynthia Harwell  ..... Contributor address; City; State; Zip Code P.O. Box 17065  San Antonio TX 78217	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  10/14/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Jimmy Jimenez  ..... Contributor address; City; State; Zip Code 4026 Glen Rock  San Antonio TX 78240	Amount of contribution (\$)  300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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CITY CLERK  
2003 JUN 17 A 10:00

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 Total pages this report: 7/17	
2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/07/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Brenda Vickrey Johnson ..... 6 Contributor address; City; State; Zip Code 13055 North Hunters Circle San Antonio TX 78230	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jose Menendez Campaign ..... Contributor address; City; State; Zip Code P.O. Box 760115 San Antonio TX 78245	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gerald and Andrea Lee ..... Contributor address; City; State; Zip Code 1226 East Sunshine San Antonio TX 78228	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Donze Lopez ..... Contributor address; City; State; Zip Code 130 Funston Place San Antonio TX 78209	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Ken and Gail Neal ..... Contributor address; City; State; Zip Code 266 Rockhill San Antonio TX 78209	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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CITY CLERK  
2003 JAN 17 A 10:00

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/17	
2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 07/17/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Becky Oliver ..... 6 Contributor address; City; State; Zip Code 414 Balfour San Antonio TX 78209	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gene Powell ..... Contributor address; City; State; Zip Code 11 Lynn Batts Lane, Suite 100 San Antonio TX 78218	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/04/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RABA-KISTNER PAC INC ..... Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio TX 78269	Amount of contribution (\$) 110.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John Rogers ..... Contributor address; City; State; Zip Code 2 Enchanted Wood San Antonio TX 78248	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John Schaefer ..... Contributor address; City; State; Zip Code 8620 North New Braunfels, Suite 400 San Antonio TX 78217	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

RECEIVED  
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CITY CLERK  
2003 JAN 17 A 10:00

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 9/17	
2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/07/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Frank Sepulveda	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 211 Mecca Drive San Antonio TX 78232		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Rick Sheldon	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4006 Green Oak Drive Waco TX 76710		
Principal occupation (Optional)		Employer (Optional)	
Date 09/26/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Louis Stumberg	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 832 Eventide San Antonio TX 78209		
Principal occupation (Optional)		Employer (Optional)	
Date 10/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turner, Collie & Braden PAC	Amount of contribution (\$) 80.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 130089 Houston TX 77219		
Principal occupation (Optional)		Employer (Optional)	
Date 07/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Westpond Unit II, LTD	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 12042 Blanco Road, Suite 175 San Antonio TX 78216		
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 10/17	
2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/26/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David Zachry ..... 6 Contributor address; City; State; Zip Code 313 Cloverleaf San Antonio TX 78209	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/23/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. H.B. Zachry ..... Contributor address; City; State; Zip Code 210 South Saint Mary's Street San Antonio TX 78205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. J.P. Zachry ..... Contributor address; City; State; Zip Code 310 South Saint Mary's Street San Antonio TX 78205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John Zachry ..... Contributor address; City; State; Zip Code P.O. Box 240130 San Antonio TX 78224	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
11/17**2 FILER NAME**

Mr. Enrique Barrera

**3 ACCOUNT #** (Ethics Commission filers)  
00000000**4 Date**

10/30/0002

**5 Payee name**

Acadiana Cafe

**7 Amount**

(\$)

325.00

**6 Payee address; City; State; Zip Code**

1289 Southwest Loop 410

San Antonio TX 78227

**8 Purpose of expenditure (See instructions regarding type of information required.)**

Fundraising Event

**9 Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

12/15/0002

**Payee name**

Mr. Ruben Alfaro

**Amount**

(\$)

300.00

**Payee address; City; State; Zip Code**

203 Upson

San Antonio TX 78212

**Purpose of expenditure (See instructions regarding type of information required.)**

Photography

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

08/23/0002

**Payee name**

Bexar County Democratic Party

**Amount**

(\$)

1000.00

**Payee address; City; State; Zip Code**

301 South Frio

San Antonio TX 78207

**Purpose of expenditure (See instructions regarding type of information required.)**

Contribution

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

11/16/0002

**Payee name**

Bolners

**Amount**

(\$)

76.40

**Payee address; City; State; Zip Code**

2900 South Flores

San Antonio TX 78204

**Purpose of expenditure (See instructions regarding type of information required.)**

Meat for dinner reception

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
12/17**2 FILER NAME**

Mr. Enrique Barrera

**3 ACCOUNT #** (Ethics Commission filers)  
00000000**4 Date**

12/27/0002

**5 Payee name**

Bolners

**7**

Amount

(\$)

37.91

**6 Payee address; City; State; Zip Code**

2900 South Flores

San Antonio TX 78204

**8 Purpose of expenditure (See instructions regarding type of information required.)**

Food for meeting

**9 Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

08/20/0002

**Payee name**

Mr. John Brewer

Amount

(\$)

150.00

**Payee address; City; State; Zip Code**

255 East Kings Highway

San Antonio TX 78228

**Purpose of expenditure (See instructions regarding type of information required.)**

Campaign Services

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

07/13/0002

**Payee name**

Mr. Mike DeNuccio

Amount

(\$)

518.05

**Payee address; City; State; Zip Code**

255 East Kings Highway

San Antonio TX 78212

**Purpose of expenditure (See instructions regarding type of information required.)**

Reimbursement for Storage,Uhaul,Tablecloths

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

12/16/0002

**Payee name**

Mr. Mike DeNuccio

Amount

(\$)

100.00

**Payee address; City; State; Zip Code**

255 East Kings Highway

San Antonio TX 78212

**Purpose of expenditure (See instructions regarding type of information required.)**

Tickets

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

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**1** Total pages report:  
13/17**2 FILER NAME**

Mr. Enrique Barrera

**3 ACCOUNT #** (Ethics Commission filers)  
00000000**4 Date**

11/16/0002

**5 Payee name**

HEB

**7 Amount (\$)**

65.44

**6 Payee address; City; State; Zip Code**

721 Castroville Road

San Antonio TX 78207

**8 Purpose of expenditure** (See instructions regarding type of information required.)

Food for dinner reception

**9 Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

12/15/0002

**Payee name**

HEB

**Amount (\$)**

1631.25

**Payee address; City; State; Zip Code**

721 Castroville Road

San Antonio TX 78207

**Purpose of expenditure** (See instructions regarding type of information required.)

Holiday cards

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

12/27/0002

**Payee name**

HEB

**Amount (\$)**

14.69

**Payee address; City; State; Zip Code**

721 Castroville Road

San Antonio TX 78207

**Purpose of expenditure** (See instructions regarding type of information required.)

Food and Drinks

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

08/14/0002

**Payee name**

Holmes High School

**Amount (\$)**

95.00

**Payee address; City; State; Zip Code**

6900 Inram Road

San Antonio TX 78238

**Purpose of expenditure** (See instructions regarding type of information required.)

Football Program Ad

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 14/17	
<b>2</b> FILER NAME Mr. Enrique Barrera		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date 12/04/0002	<b>5</b> Payee name Ithaca Investments Ltd. <hr/> <b>6</b> Payee address; City; State; Zip Code 100 NE Loop 410 San Antonio TX 78237		<b>7</b> Amount (\$) 250.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Office rent		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 08/14/0002	Payee name John Jay High School <hr/> Payee address; City; State; Zip Code 7611 Marbach San Antonio TX 78227		Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Football Program Ad		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/12/0002	Payee name PC Mailing <hr/> Payee address; City; State; Zip Code 10711 Hilltop Drive San Antonio TX 78217		Amount (\$) 350.00
Purpose of expenditure (See instructions regarding type of information required.) Mailout		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/20/0002	Payee name Postmaster <hr/> Payee address; City; State; Zip Code 5555 Saint Fernando Street San Antonio TX 78205		Amount (\$) 74.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 15/17
2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 12/20/0002	5 Payee name Postmaster ..... 6 Payee address; City; State; Zip Code 5555 Saint Fernando Street San Antonio TX 78205	7 Amount (\$) 74.22
8 Purpose of expenditure (See instructions regarding type of information required.) Postage		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/13/0002	Payee name Principal Impact ..... Payee address; City; State; Zip Code P.O. Box 761555 San Antonio TX 78245	Amount (\$) 1318.00
Purpose of expenditure (See instructions regarding type of information required.) Fundraising Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/20/0002	Payee name Principal Impact ..... Payee address; City; State; Zip Code P.O. Box 761555 San Antonio TX 78245	Amount (\$) 520.72
Purpose of expenditure (See instructions regarding type of information required.) Fundraising Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/24/0002	Payee name Principal Impact ..... Payee address; City; State; Zip Code P.O. Box 761555 San Antonio TX 78245	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Fundraising services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
16/17**2 FILER NAME**

Mr. Enrique Barrera

**3 ACCOUNT #** (Ethics Commission filers)  
00000000**4 Date**

12/03/0002

**5 Payee name**

S. A. Post

**7****Amount**

(\$)

100.00

**6 Payee address; City; State; Zip Code**

P.O. Box 14463

San Antonio TX 78214

**8 Purpose of expenditure** (See instructions regarding type of information required.)

Advertisement

**9 Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

07/22/0002

**Payee name**

San Antonio AFL-CIO

**Amount**

(\$)

175.00

**Payee address; City; State; Zip Code**

311 South Saint Mary's

San Antonio TX 78205

**Purpose of expenditure** (See instructions regarding type of information required.)

Ad

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

08/14/0002

**Payee name**

Taft High School

**Amount**

(\$)

95.00

**Payee address; City; State; Zip Code**

11600 FM 471

San Antonio TX 78253

**Purpose of expenditure** (See instructions regarding type of information required.)

Football Program Ad

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

07/31/0002

**Payee name**

West San Antonio Chamber of Commerce

**Amount**

(\$)

60.00

**Payee address; City; State; Zip Code**

301 South Frio Street,#175

San Antonio TX 78207

**Purpose of expenditure** (See instructions regarding type of information required.)

Luncheon Reception

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 17/17
<b>2</b> FILER NAME Mr. Enrique Barrera		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 10/21/0002	<b>5</b> Payee name West San Antonio Chamber of Commerce ..... <b>6</b> Payee address; City; State; Zip Code 301 South Frio Street,#175 San Antonio TX 78207	<b>7</b> Amount (\$) 125.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Membership fee		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

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